Name in Full George Boyd

Certificate of Death

Died at Town Perryville County Cecil MARYLAND

Date 189 8 Month Oct. Day 28

Age Y. 10 M. D.

Native of Perryville

Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of X

Father's Name Harry Boyd

Mother's Name Jannie Boyd.

Cause of Death: Primary Remittent Fever 33 How long sick Some time

Immediate Progressive Cardiac Anaemia ~~Accident, Suicide, Homicide~~

Reported by L. G. Taylor

Address Perryville.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Lucy Brown

Certificate of Death

Died at Town Rock Springs County Cecil MARYLAND

Date 1898 Month Oct. Day 28 | Age Y. M. D. | Native of Pennsylvania | Occupation Housekeeper

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife Howard Brown

Father's Name John Brabson Mother's Name Esther Wier

Cause of Death Primary Typhoid Fever How long sick 8 days

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by J. A. Peeples, M.D.

Address Kirk's Mills Lan. Co Pa

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Wm Charles Brown

Died at Elkton (Town) Cecil (County) MARYLAND

Date 189 8 Month Oct Day 22 | Age Y. 1 M. 3 D. | Native of Elkton | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Wm H. Brown | Mother's Name Mary E. Stevenson

Cause of Death: Primary Pneumonia ? | How long sick 2 weeks

Immediate

12

~~Accident, Suicide, Homicide~~

Reported by Howard Bratton M D for Wm. H. Brown -

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Certificate of Death

Alice, R. Cameron

Died at Town North East County Cecil MARYLAND

Date 1898 Month 10 Day 22 Age Y. 1 M. 3 D. Native of Maryland Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Milenkio Cameron Mother's Name Anna Mary Cameron

Cause of Death Primary Pneumonia 72 How long sick

Immediate Accident, Suicide, Homicide

Reported by Theo A Poorale M.D.

Address North East Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Edwin Jerome Cannan

Died at Town Cecilton County Cecil MARYLAND

Date 1898 Month 10 Day 16 Age Y. 76 M. 8 D. 4 Native of Maryland Occupation Pump Maker

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5.

Husband ~~Wife~~ of Rachel S. Pennington

Father's Name William Cannan Mother's Name Elizabeth Ann Emory

Cause of Death: Primary Hepatic Hypertrophy How long sick 3 months

Immediate Eclampsia 192 ~~Accident, Suicide, Homicide~~

Reported by J. H. Hardcastle M. D.

Address Cecilton Cecil Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Henry Dixon

Certificate of Death

Died at Town Elk Neck County Cecil MARYLAND

Date 189 8 Month Oct Day 7 Age Y. 62 M. D. Native of Cecil Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living

Husband of Wife Annie Dixon

Father's Name Mother's Name

Cause of Death Primary Apoplexy 42 How long sick Lucy Suddenly

Immediate ~~Accident, Suicide, Homicide~~

Reported by B Hauserleyer

Address N. Elk

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full: Mary Stella Ferguson

Certificate of Death

Died at — Town: North East — County: Cecil — MARYLAND

Date 1898 — Month: 10 — Day: 31 — Age: Y. 4 M. 24 D. — Native of: North East — Occupation:

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number ~~of children living~~

Husband / Wife of

82

Father's Name: Henry Ferguson — Mother's Name: Rachel Ferguson

Cause of Death — Primary: Marasmus — How long sick

Immediate: 82 — Accident, Suicide, Homicide

Reported by: Theo A. Worrall Jun

Address: North East Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Dr Bratton
Elkton

Name in Full: Prudence A Hargan

Certificate of Death

Died at Town: Liberty Grove, Md. County: Cecil

MARYLAND

Date 1898 Month: Oct. Day: 15 Age Y.: 77 M.: 7 D.: 8 Native of: Pa Occupation: House work

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Wife: Elihu Hargan 25 b

Father's Name: Josephu Green Mother's Name: Margarett Green

Cause of Death: Primary: Gastric Carcinoma

Immediate: Patient succumbed from Starvation

How long sick: 6. months

~~Accident~~, Suicide, ~~Homicidie~~

Reported by: E. S. Rowland

Address: Liberty Grove Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full Harry Hughes

Certificate of Death

Died at near Town Earlville County Cecil MARYLAND

Date 1898 Month 10 Day Age Y. 67 M. D. Native of Cecil Co Occupation Laborer

Male ~~White~~ Married 1 Widow ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3.

Husband ~~Wife~~ of Margaret Hughes 22a

Father's Name Harry Hughes Mother's Name Margaret Brown.

Cause of Death Primary Phthisis Pulmonalis How long sick 2 years

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by E. H. Hardcastle M. D.

Address Cecilton Cecil Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65962

Name in Full Mrs Clara Knotts

Certificate of Death

Died at Town Blue County Lucie MARYLAND

Date 1898 Month Oct Day 29 Age Y. 47 M. D. Native of Md Occupation Housewife

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Married~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~

Wife Frank Knotts

Father's Name Jos Anthony Mother's Name Nancy Anthony

Cause of Death Primary Cancer Left Breast & neck How long sick 8 months

Immediate Cancer Accident, Suicide, Homicide

Reported by Dr Gifford M D 25 C

Address Blue Lucie Cond

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

P.C.I.

Name in Full

Rhine Marie Lesoudiere

Certificate of Death

Died at Town Perryville County Cecil MARYLAND

Date 189 8 Month Oct. Day 31 | Age Y. — M. — D. 14 | Native of Perryville | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of X

Father's Name Leon Lesoudiere Mother's Name Augustine Lesoudiere

Cause of Death: Primary Congenital Cardiac Malformation — How long sick 14 days.

Immediate Progressive Cardiac Anaemia — ~~Accident, Suicide, Homicide~~

Reported by L. G. Taylor 137

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Hiram Logan

Certificate of Death

Died at Town N. Eur County Cecil MARYLAND

Date 1898 Month Oct Day 12 Age Y. M. D. 11 months Native of Cecil Co Occupation [illegible]

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife ~~Logan~~

Father's Name Hiram Logan

Mother's Name

Cause of Death Primary Gastritis 81

Immediate Exhaustion

How long sick One week

~~Accident, Suicide, Homicide~~

Reported by B Hounlegr

Address N. Eur

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

John T. Lynch

Certificate of Death

Died at Town: Bay view County: Cecil MARYLAND

Date 1898 Month: Oct Day: 10 Age Y. M. D.: 65 Native of: Cecil Co. Occupation: Lower

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband / Wife of: Margaret Lynch

Father's Name: Wm Lynch Mother's Name: Rebecca Lynch

Cause of Death: Primary 25 g How long sick 1 year

Immediate Cancer of Antrum Highmore ~~Accident, Suicide, Homicide~~

Reported by: B Hurst Cooper

Address: N. East

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

P.C.I

Name in Full Elizabeth E McKelvey

Certificate of Death

Died at Town Rising Sun County Cecil MARYLAND

Date 189 8 Month 10 Day 19 Age Y. 4 M. 19 D. Native of Maryland Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Wm McKelvey

Mother's Name Catherine Welch

Cause of Death Primary Marasmus 82 How long sick Entire Life

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by John S & Jennings Mad

Address Rising Sun Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mary McKinney

Certificate of Death

Died at Town Elk Neck County Cecil MARYLAND

Date 1898 Month Oct Day 18 Age Y. 21 M. D. Native of Cecil Co Md Occupation Housework

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife daughter

Father's Name Amos McKinney

Mother's Name Annie McKinney

Cause of Death Primary Meningitis

Immediate Hemorrhage

399

How long sick 2 weeks

~~Accident, Suicide, Homicide~~

Reported by B Housekeeper

Address N. Ear

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John Huss Mahoney

Certificate of Death

Died at Town Mechanics Valley County Cecil MARYLAND

Date 189 8 Month Oct Day 1st Age Y. 73 M. 7 D. Native of Md Occupation Farmer

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 5

Husband of Wife Maria Mahony Dead

Father's Name John Mahony Mother's Name Did not know

Cause of Death Primary Cancer of lower lip How long sick 8 yrs

Immediate Accident, Suicide, Homicide

25a

Reported by D. L. Gifford

Address Zion Cecil Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55969

Name in Full Florence May Money -

Certificate of Death

Died at Town Leeds County Cecil MARYLAND

Date 189 8 Month Oct Day 20th Age Y. 18 M. 6 D. 6 Ans Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Joseph E Money

Mother's Name Susan F Money

Cause of Death Primary Immediate Tuberculosis

How long sick about 11 months

Accident, Suicide, Homicide

Reported by D S Gifford

Address Zion Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Certificate of Death

Eva Noaks

Died at Town Bohemia manor County Cecil md MARYLAND

Date 1898 Month oct Day 3 ~~X~~ M. ~~D.~~ Age 7 Native of ~~Occupation~~

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

~~Father's~~ Mother's

~~Name~~ Name Mary Noaks

Cause of Death { Primary doant no 161 How long sick

Immediate ~~Accident, Suicide, Homicide~~

Reported by Wm B Coleman

Address Chesapeake City Cecil Co md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Earl Presberry

Died at Town: Liberty Grove County: Cecil Co MARYLAND

Date 1896 Month: Oct Day: 20 | Age Y.: — M.: 10 D.: 3 | Native of: Md | ~~Occupation~~

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of ~~children~~ living

~~Husband~~ ~~Wife~~ of

Father's Name: Frank Presberry

Mother's Name: Annie Presberry

Cause of Death: Primary: Membranous Croup & T

Immediate:

How long sick: 18 days

~~Accident, Suicide, Homicide~~

Reported by: Slater B Jack Undertaker

Address: Colora Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 5596B

Dr Jordan had
no Certificates & when
I demanded the family to
get one he wrote the
following which I attach

Dr. Jordan sent written cer-
tificate: I had sent him no
blanks as I was not informed
of his practice in this
county — H.B. H.D for Cecil Co.

Name in Full James Rattenbury

Certificate of Death

Died at Town North East County Cecil MARYLAND

Date 189 8 Month 10 Day 18 | Age Y. 1815 M. 1 D. 11 | Native of England | Occupation Harness Maker

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Divorced~~ Widower | Number of children living One

Husband of Wife Miriam Rattenbury

Father's Name ? Mother's Name ?

Cause of Death { Primary Senility 141 | How long sick one Year

Immediate A | Accident, Suicide, Homicide

Reported by Geo. A. Frank M.D.

Address North East Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full James Sanders

Certificate of Death

Died at Town Almshouse County Cecil MARYLAND

Date 1898 Month Oct Day 10 Age Y. 57 M. D. Native of Occupation Fisherman

Male ~~Female~~ Indian White ~~Colored~~ ~~Married~~ Single Widow Widower Divorced Number of children living

Husband Wife of Not Known

Father's Name Not Known Mother's Name

Cause of Death Primary Heart Disease 57 How long sick

Immediate (~~Accident, Suicide, Homicide~~

Reported by B Housekeeper Nothing Known of this

Address North East Mans History

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Annie Saxton

Died at — Town: Andora — County: Cecil — MARYLAND

Date 1898 — Month: Oct — Day: 12 — Age: Y. 6 M. D. — Native of: Md — Occupation:

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — Widow / Widower — Divorced / Number of ~~children~~ living

Husband / Wife of

Father's Name: Albanus Saxton — Mother's Name: Mary Heath

Cause of Death — Primary: Typhoid fever — How long sick: 16 days

Immediate:

~~Accident, Suicide, Homicide~~

Reported by: Jas. L. Whitaker

Address: Cherry Dale Md

Must be signed by physician, if any in attendance, oth[illegible] coroner, undertaker or minister.

LIBRARY BUREAU 65968

Name in Full — Certificate of Death

Charles L. Taylor

Died at — Town: Port Deposit — County: Cecil — MARYLAND

Date 189 5 — Month / Day: 10 / 8 — Y. M. D.: Age 34 — Native of — Occupation

Male — ~~Female~~ — White — ~~Colored~~ — ~~Married~~ — Single — ~~Widow~~ — ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death — Primary: Consumption — Immediate:

229

How long sick

Accident, Suicide, Homicide

Reported by Port Deposit Press

Address

10-14

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BEBER

Name in Full

Certificate of Death

Viola Scott

Died at Town Port Deposit County Cecil MARYLAND

Date 1898 Month Oct Day 18th Age Y. 1 M. 3 D. 28 Native of Md ~~Occupation~~

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Philip Scott Mother's Name Hannah Scott

Cause of Death Primary [illegible] Cholera Infantum How long sick one week

Immediate 82 ~~Accident, Suicide, Homicide~~

Reported by Slater B Tosh Undertaker (over)

Address Colora Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Had no Doctor

Name in Full

Rebecca J Scotten

Certificate of Death

Died at Town: North East County: Cecil MARYLAND

Date 1898 Month: Oct Day: 11 | Age Y.: 1841 M.: Aug D.: 12 | Native of: Md | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband of Wife: Samuel Scotten

Father's Name: Richard Dean Mother's Name: Sarah Dean

Cause of Death: Primary: Dysentary 54 How long sick: 4 weeks

Immediate: Exhaustion ~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by: Geo D. Tilghman M.D.

Address: North East Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85868

Name in Full: Howard M. Simpers

Certificate of Death

Died at: Town: 3rd Dist County: Cecil Co MARYLAND

Date 189 8 Month: Oct Day: 21 | Age Y. 23. M. D. | Native of | Occupation: Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name: ~~Chas~~ W. Simpers

Mother's Name: Hannah Simpers

Cause of Death: Primary: Phthisis pulmonalis — How long sick: 18 mos.

Immediate: 229 — Accident, Suicide, Homicide

Reported by: W. H. Steel M.D.

Address: Newark Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Katherine Ann Smith

Certificate of Death

Died at: Town: Elkton County: Cecil MARYLAND

Date 189 8 Month Oct Day 22 Age Y. 58. M. D. Native of Ireland Occupation Housewife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widow~~ ~~Number of children living~~ 3

~~Husband~~ Wife of Henry Smith

Father's Name: Francis Burns Mother's Name: Mary (unknown)

Cause of Death: Primary: Asthma - Combined heart & Kidney Bright's dis — How long sick: 2 years

Immediate: Uraemia 97 Accident, Suicide, Homicide

Reported by: Dr Charles M Ellis

Address: Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Lilian C. Smith

Certificate of Death

Died at Town Elkton County Cecil MARYLAND

Date 189 8 Month 04 Day 16 Age Y. 1. M. 3. D. 12 Native of Md Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single Widow ~~Widower~~ Divorced Number of children living

Husband of Wife

Father's Name John W Smith Mother's Name R. Rebecca Milburn

Cause of Death: Primary Whooping Cough How long sick 2 or 3 weeks

Immediate

~~Accident, Suicide, Homicide~~

Reported by Howard Bratton MD for John W Smith

Address No Physician in attendance

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full: Albert J. Stoops

Certificate of Death

Died at — Town: 6th dist — County: Cecil. MARYLAND

Date 189 8 — Month: Oct. — Day: 24 | Age: Y. 10 M. = D. | Native of: Maryland | Occupation: child

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / Number of children living

Husband / Wife of

Father's Name: Jesse H Stoops

Mother's Name: Emma E Jackson

Cause of Death — Primary: Diphtheria 8 a

Immediate

How long sick: 5 days

Accident, Suicide, Homicide

Reported by: Charles M. Ellis

Address: Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Elizabeth Thomas

Certificate of Death

Died at Town Port Deposit County Cecil MARYLAND

Date 1898 Month Oct Day 25 Age Y 70 M. 0 D. 0 Native of Md Occupation Housewife

~~Male~~ ~~White~~ Married Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 3

Husband / Wife of Late Nathaniel Thomas

Father's Name Don't Know Mother's Name Don't Know

Cause of Death: Primary Cause of Stomach & Uterus — How long sick 4 mo.

Immediate Exhaustion 25 d — ~~Accident, Suicide, Homicide~~

Reported by H E Clinton

Address Port Deposit Cecil Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Jennie Willery

Died at Town: Elk Neck County: Cecil MARYLAND

Date 1898 Month: Oct Day: 29 Age Y. 10 M. D. Native of: Cecil Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of: Chris of Charles

Father's Name: Charles Willery Mother's Name: Annie Willery

Cause of Death: Primary: Diphtheria 8 a How long sick: 7 days

Immediate: Heart ~~Accident, Suicide, Homicide~~

Reported by: B Hausenpeyer

Address: North Elm

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968